

1.31	Self-Administered Model DD/MR and ABI	Page 1 of 4
Authorizing Utah Code: 62a-5-103		Rule: n/a
Issue Date: 7/02		Revision Date: 9/04
Form(s): 1-15 , 1056 , 2-9GA , 2-9EA , 2-9C , 2-9GA(B) , 2-9EA(B) and 2-9C(B)		Guideline(s): Support Book

The **Self-Administered Model** provides an alternative to the **Provider Agency** Model for Persons receiving DD/MR and ABI waiver services. The **Self-Administered Model** allows the **Person/Person's Representative** to hire, train, and supervise **Employees** to provide direct supports within in the home.

The **Division** will ensure that written agreements for the **Self-Administered Model** are administered in accordance with State Purchasing and Procurement requirements, State and **Department** contracting requirements, all applicable laws, regulations, rules, and policies at the Federal, State, **Department**, **Division** and local levels.

The assigned **Division Support Coordinator** shall assure the **Individual Service Plan** identifies all services to be delivered in response to the comprehensive needs assessment, regardless of funding source, and assuring waiver services, reimbursed with **Medicaid** funds, are consistent with the **Individual Service Plan**.

Self-Administered Model supports apply only to those persons with disabilities that the Support Coordinator has determined to qualify for the following supports and has chosen to participate in the **Self-Administered Model**:

<u>DD/MR Waiver</u>	<u>Service Code</u>
Chore Supports (Individual)	CH1
Family Assistance & Support (Parent Managed)	FS1
Transportation Services	FTP
Homemaker Supports (Individual)	HS1
Personal Assistance Supports	PAC
Respite Care (Parent Managed)	RP1
Respite Care	RP1
Supported Living	SLA
Transportation Services	UTA
<u>Acquired Brain Injury Waiver</u>	<u>Service Code</u>
Homemaker Service	HS1
Respite (Level 1), unskilled (15 min.)	RP1
Respite (Level 1), unskilled (day)	RP1
Chore Services (15 min.)	CH1
Family Training and Support (15 min.)	FS1
Supported Living (15 min.)	SLA
Transportation (per mile)	FTP

The procedures listed below do not apply to **Employees** hired by **Provider Agencies** or to **Persons** eligible for services under the Physical Disabilities Waiver.

PROCEDURES

1. During the initial process of choosing services, the **Support Coordinator** shall present service options offered by the **Division** and detail the requirements and accountability of each option.

2. With **Informed Consent**, the **Person** may designate an **Authorized Administrator** to assist in the managing of the **Person's** services and the responsibilities of the financial grant. This designation is documented on the **Self-Administered Model Grant Agreement, Division Form 2-9GA** for DD/MR supports and on 2-9GA(B) for ABI supports.
3. It is the responsibility of the **Support Coordinator** to ensure the following documents are completed and in the **Person's** record at the **Region** office:
 - A. **Self-Administered Model Grant Agreement (Form 2-9GA or 2-9GA(B))**;
 - B. **Person's Budget Worksheet and/or Form 1056**;
 - C. **Individual Service Plan** (Directive 1.8 and **Form 1-151**);
 - D. **Person-Centered Plan** (Directive 1.9)
 - E. **Support Strategies** (It is the responsibility of the **Person** to ensure these are completed 30 calendar days from the date of **Person-Centered Planning** meeting.); and
 - F. **Application for Certification (Form 2-9C or 2-9C (B))**.
4. The **Division** is responsible to ensure each **Person/Person's Representative** receives a copy of the **Support** Book section for the **Self-Administered Model** and the contents are reviewed, as per the **Application for Certification**.
5. **Person/Representative Requirements**
 - A. Prior to the **Employee** working with the **Person**, the **Person/Person's Representative** shall:
 - i. verify that all **Employees** hired are 16 years of age or older. (Agreements for individuals under 18 must be co-signed by their parent/**Guardian**);
 - ii. ensure that neither a parent, **Guardian** nor stepparent will be paid to provide support to the **Person**, nor will an individual be paid to provide support to a spouse;
 - iii. orient each new **Employee** to the **Support** Book;
 - iv. ensure **Employees** read and understand the **Department** and **Division** Code of Conduct (Dept. Policy 05-03 and Division Directive 1.20); Behavioral Supports (R539-6, if applicable; the policy section of the Human Rights Division Directive 1.1; and what to do and who to contact in case of an emergency;
 - v. have **Employees** complete and sign the **Application for Certification (Form 2-9C)**;
 - vi. conduct any screenings and trainings necessary to provide for the health and safety of the **Person**.
 - B. The **Person/Representative** shall send a copy of the following signed documents to the **Fiscal Agent**. The **Fiscal Agent** must have this documentation before any payments can be issued on behalf of the **Person**.
 - i. **Application for Certification (Form 2-9C for DD/MR or 2-9C(B) for ABI)**;
 - ii. **Employment Agreement (Form 2-9EA for DD/MR or 2-9E(B) for ABI)** ;
 - iii. a budget authorization;
 - iv. appointment of Fiscal Agent form ; (Fiscal Agent authority to file payroll reports with IRS);
 - v. Form W-4;
 - vi. payroll time sheets signed by Employee and employer;
 - vii. Form I-9, Verification of Citizenship (with copies of substantiating documentation)

- C. By the end of 30 days, from the date of hire, **Employees** shall read and understand the information contained in the following:
- i. **Person's Person-Centered Plan**; and
 - ii. **Person's Support Strategies**.
- D. Prior to the annual **Person-Centered Planning** meeting, the **Employee** will review training and sign that this has been completed.
6. Records maintained by the **Person/Person's Representative**: The **Person/Person's Representative** ensures that the following documents are on file in the **Person's** home:
- A. W-4;
 - B. I-9;
 - C. if the **Employee** will be providing transportation support:
 - i. a copy of the **Employee's** Driver's License;
 - ii. evidence of insurance coverage;
 - D. a signed Code of Conduct signature sheet for each **Employee**;
 - E. a signed **Application for Certification** (Form 2-9C for DD/MR or 2-9C(B) for ABI);
 - F. signed time sheets for each **Employee**;
 - G. Reports of behavioral or other incidents and records of accidents or injuries involving the **Person** when supported by paid staff (see Policy 1-8);
 - H. **Self-Administered Model Grant Agreement** (Form 2-9GA for DD/MR or 2-9GA(B) for ABI);
 - I. **Person's** Budget Worksheet;
 - J. **Individual Service Plan** (Form 1-15);
 - K. Current **Person-Centered Plan** documented by **Support Coordinator** (see Directive 1.9);
 - L. **Support Strategies**; and
 - M. **Monthly Summaries**
7. The **Person/Person's Representative** is required to complete a **Monthly Summary** of supports for each month services were rendered. The **Person-Centered Planning Team** will decide on the type of **Monthly Summary** that is used. The **Person/Person's Representative** shall ensure that the information from the **Monthly Summary** is provided to the **Support Coordinator** by the 15th of the month following the month of services rendered. If the **Person/Person's Representative** does not provide this information for a three month period, the 4th month payment will be held until the **Monthly Summaries** are submitted. If the **Person/Person's Representative** submits all required **Monthly Summaries** within the 4th month, payment will be reinstated. If **Monthly Summaries** are not provided for the 5th month, then the 6th month the **Division** will require the **Person/Person's Representative** to use a contracted **Provider Agency**.
8. The **Person's Representative** is required to immediately notify the **Support Coordinator** of the death of any **Person** receiving **Division** funding.
9. Supporting the Family: If the **Person/Person's Representative** is not meeting the minimum requirements outlined in this policy, the **Division** may require the **Person/Person's Representative** to use some form of technical assistance. (Technical assistance may include, but is not limited to, help from a **Support Coordinator**, **Division Supervisor**, State **Specialist**, Behaviorist, or Accountant.) Technical assistance is available to the **Person/Person's Representative**, even if not required by the **Division**. If the **Person/Person's Representative** does not meet the **Self-Administered Model** requirements, the **Division** may require the **Person/Person's Representative** to use a contracted **Provider Agency**.

10. Certification: An **Employee/Provider** must be **Division**-certified to provide supports to any **Person**. Certification is completion of the requirements listed in this policy. The **Person/Person's Representative** and the **Support Coordinator** will verify that the **Employee** has been trained by signing the **Application for Certification (Form 2-9C** for DD/MR or 2-9C(B) for ABI. The **Division** will not authorize payment for any non-certified **Provider**.